DOCUMENT RESUME

ED 300 973 EC 211 268

AUTHOR Carlisle, Lynn, Comp.; Connelly, Trudy, Comp.
TITLE Working with Adults with Exceptional Needs: A Guide for the Trainer.
INSTITUTION California State Dept. of Education, Sacramento. Special Education Resource Network.
SPONS AGENCY California State Dept. of Education, Sacramento. Div. of Special Education.
PUB DATE 85
NOTE 59p.
AVAILABLE FROM Resources in Special Education, 650 University Ave., Room 201, Sacramento, CA 05825 ($5.50).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adjustment (to Environment); *Adults; Cerebral Palsy; Deafness; *Disabilities; Epilepsy; Hearing Impairments; *Helping Relationship; Learning Disabilities; Mental Retardation; Physical Disabilities; Social Attitudes; Social Cognition; *Student Characteristics; Teacher Student Relationship; *Teaching Methods; Training; *Training Methods; Visual Impairments; Wheelchairs

ABSTRACT

This guide, written for persons who conduct training sessions, workshops or other meetings attended by adults with exceptional needs, begins with a brief outline of the characteristics of adult learners. A list of 10 true-false statements is then presented to assess knowledge of disabling conditions and some common myths surrounding society's perception of them. Information about specific handicapping conditions is then presented for visual impairments, cerebral palsy, deafness, epilepsy, learning disabilities, mental retardation, and physical disabilities requiring use of a wheelchair. Each handicapping condition is briefly described, common myths about the condition are answered with factual information, and suggestions for the trainer in helping an individual with each condition are presented. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ED300973

Working With Adults With Exceptional Needs

a guide for the trainer

EC211268

1985

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Patricia Wright

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

WORKING WITH ADULTS
WITH EXCEPTIONAL NEEDS:
A GUIDE FOR THE TRAINER

DEVELOPED FOR THE

SPECIAL EDUCATION RESOURCE NETWORK

Compiled and Edited By:

Lynn Carlisle, Educational Specialist

Trudy Connelly, Program Development Specialist

SERN Resource Service Center

Director: Steve Johnson

Funded by California State Department of Education
Special Education Division

Contents

		Page
	Forward	ii
1.	Adults as Learners	1
2.	Assess Your Knowledge of Persons with Disabilities	2
3.	The Person Who is Blind or Partially Sighted	6
4.	The Person Who Has Cerebral Palsy	12
5.	The Person Who is Deaf	16
6.	The Person Who Has Epilepsy	22
7.	The Person With Learning Disabilities	28
8.	The Person Who Has Mental Retardation	31
9.	The Person Who Uses a Wheelchair	36
10.	Appendix A - Bibliography	42
11.	Appendix B - References	43

FORWARD

This booklet is written for those persons who do presentations, trainings, workshops or conduct meetings where persons with disabilities may be in attendance.

It is hoped that the information in this booklet will empower presenters to enable them to preserve the dignity of all participants. The information will assist the presenter in establishing a comfortable and supportive teaching/training environment where all participants receive the benefits of an optimal learning experience.

Information used to compile this booklet came from a variety of sources. Special thanks to:

Dave McVey
Disability Management Counselor
Services of Students with Disabilities
California State University at Sacramento

Alta California Regional Center

The Epilepsy Foundation

United Cerebral Palsy Association, Inc.

Norcal Center on Deafness, Inc.

We refer you to the bibliography for a specific list of publications and references.

Adults As Learners

ADULTS AS LEARNERS
(A Few Reminders for the Staff Developer)

Adults bring a great deal of life experiences to the workshop.

Adults need to be physically comfortable for effective learning.

Adults need to be psychologically comfortable for effective learning.

Adults seek out learning experiences in order to cope with specific life changes.

Adults tend to prefer single concept, single theory workshops that focus on application.

Adults have many commitments and demands on their time.

Adults have established a variety of reflexes to authority.

Adults come to the workshop with a set of expectations.

Adapted from:
Planning, Conducting and Evaluating Workshops by Larry Nolan Davis, Learning Concepts Company, 1979.

Assess Your Knowledge Of Persons With Disabilities

ASSESS YOUR KNOWLEDGE OF PERSONS WITH DISABILITIES

The following questions focus on some common facts and myths regarding persons with disabilities. You may want to assess your knowledge by completing the following questions. Check your answers to guide your reading of specific areas of this booklet.

Directions: Circle "T" if you believe a statement is true. Circle "F" if you believe a statement is false.

1. When addressing a person with a disability, be cautious about word usage.
   For Example, don't say "see" to a blind person, or "hear" to a deaf person, "walk/run" to a person in a wheelchair or on crutches. T F

2. Most disabled people are well aware of their rights under the law. T F

3. Deaf people are generally good lip readers and can understand more than 80% of what is being said to them. T F

4. Because a blind person relies so heavily on his/her hearing, it is important to remember to talk loudly when speaking to him/her. T F

5. Fitting a deaf adult with a hearing aid will significantly improve his/her hearing and subsequently will allow him/her to converse normally in society. T F

6. In the U.S., one in eleven persons is handicapped. T F

7. People with disabilities are more frequently frustrated than nondisabled persons. T F

8. People with specific learning disabilities have them as a result of brain damage. T F

9. People in wheelchairs cannot play basketball, snow ski, or participate in track and field events. T F

10. People with disabilities live totally different lives than others do. T F

(answers to questions may be found on the following page)

ANSWERS TO QUESTIONS

1. FALSE. Use words that fit the situation, action, etc. being described. These descriptive terms help clarify conceptual conversation.

2. FALSE. Regarding knowledge of the law, the person with a disability is just as much "in the dark" as anyone else! The text of legislation pertaining to people with disabilities is often too technical for the public to comprehend, and it is only recently being translated into language that is understandable to all.

3. FALSE. According to The Deaf Student in the Hearing Class, by M.J. Goodman of Golden West College, Huntington Beach, CA, 1971, even an excellent lipreader will only understand approximately 30 - 40% of what is said to him/her.

4. FALSE. It is important to speak directly to the person who is blind, but it is not necessary to speak above the level of normal conversation.

5. FALSE. Hearing aids are helpful only for certain types of hearing loss. Even with a fair to good prognosis, an adult who is deaf may reject aids and choose to live in the world (s)he has grown accustomed to.

6. TRUE. More than 11 million people in the U.S. between ages 16-64 reported in 1970 that they had permanent work disabilities. This is 9% of all persons between the ages of 16 and 64. By gender, the figure is: 10% of all men, 8.5% of all women.

--"Facts About Handicapped People" published by The President's Committee on Employment of the Handicapped.

7. FALSE. Beatrice Wright, author of Physical Disability -- A Psychological Approach, notes that several studies comparing frustration thresholds of children without disabilities and children with disabilities concludes: "the outcome of behavior episodes as it is related to release of tension, success, failure, frustration, etc. is, in children, virtually unrelated to motor and intellectual abilities.

8. FALSE. Although some learning disabilities are the direct result of brain trauma, the majority of learning disabilities are noticed in individuals with no significant trauma history.

9. FALSE. Every year in California the California Wheelchair Track and Field Games are held. There are similar local, national, and international competitions held for basketball and snow skiing.

10. FALSE. The idea that people with disabilities lead different lives is incorrect. Every one of us is different, and the problems faced by citizens with disabilties are similar to the problems we all face. The main thing to remember is that each person is an individual.

THE PERSON WHO IS

Blind Or Partially Sighted

FACTS ABOUT THE PERSON WHO IS BLIND OR PARTIALLY SIGHTED

In the United States there are approximately 500,000 people who are registered as legally blind. Not all people who are legally blind are totally blind. About 80% of them have some usable vision and can see motion, light or some objects and read large print. Out of that population there are approximately 100,000 people, in the U.S., who are totally blind.

There are three categories of visual impairment:

Blind:	A person with total loss of visual image through light and shadow perception.
Legally Blind:	A person who with best correction can see at 20 feet what someone with normal vision can see at 200 feet. Peripheral vision is at an angle less than 20 degrees. (A legal-medical definition used in legislation.)
Partially Sighted:	A person who with best correction can see at 20 feet what someone with normal vision can see between 199 and 70 feet. Peripheral vision is at an angle less than 30 degrees. Images are fuzzy. (Sense Ability, 1979, p.2)

The leading cause of visual impairment in the United States is diabetic retinopathy, a disease where blood vessels break on or in the retina. There are a variety of other common causes which includes cataracts (cloudy lens), glaucoma (high pressure inside the eye), retinitis pigmentosa (damage to the retina), and modular degeneration (hardening of the eye area responsible for fine vision). People can be born blind or become blind later in life through an accident or disease.

People who have been blind since birth or shortly after have no visual memories. Their conceptualization of objects, space, distance, may be different from those of persons who become blind at a later age. The latter persons may have memory of color, form or space, for example, that provides them with a conceptual framework similar to that of sighted persons. (Students with Disabilities: A Faculty Handbook, 1982, p. 7)

There are a variety of mobility aids that a person who is blind may use. The most commonly used aids are dog guides, sighted guides or canes. The choice of aid is personal, based on the person's needs and lifestyle.

If a person who is blind is using a dog guide, there is no need to worry that the dog will disturb the class. Dog guides are very highly trained and disciplined. Most of the time the dog will lie quietly under or beside the table or desk.

DISPELLING THE MYTHS ABOUT THE PERSON WHO IS BLIND OR PARTIALLY SIGHTED

MYTH:

Blindness means living in a world of darkness.

FACT:

Those persons who are blind and have literally no vision do not see black. It is believed that congenitally blind people, or those with no memory of visual images (called visual memory), see literally nothing at all. This is hard to imagine, but try this: visualize what the word "the" means...not the letters, but the meaning. What do you see? Nothing. Some persons who have lost their sight after age six, the point at which one is no longer considered congenitally blind, see various colored lights and shapes before their eyes. Some, whose visual memory is extremely good, can picture in their mind activities that they do on a daily basis. Many people who are considered to be blind have some usable vision. Some people see light, others see shape, while still others have vision which is good enough to permit safe travel without aid of dog, cane, or sonic device. (Sense Ability, 1979, P. 8)

MYTH:

People who are blind can hear and feel things no one else can; they seem to have a "sixth sense."

FACT:

The senses of persons who are blind are more highly developed than those of sighted persons simply because

people who are blind need to rely more on other senses. But there is nothing mystical about it. For example, the soft humming of a water cooler may go unnoticed by sighted persons. However, that water cooler with its soft hum may provide a person who is blind with a cue as to where s/he is. Therefore , the person who is blind relies on the sense of hearing to indicate where the water cooler is and purposefully processes the information. (Sense Ability, 1979, p. 7)

MYTH:

All people who are blind are alike.

FACT:

People who are blind are people who happen not to see. As a group, there is no single characteristic that applies to all people with visual impairments. For example, some persons who are blind choose to use a white cane as a mobility aid, while others may choose to use a dog or a new sonic device. People who are blind enter into varied professions, leisure activities, and lifestyles as do sighted people. (Sense Ability, 1979, p. 6)

SUGGESTIONS FOR THE TRAINER:

1. Do not fear a guide dog if a person who is blind has one. These dogs are highly trained to obey their masters and cause no special problems.

2. Because a person who is visually impaired depends on his/her hearing a great deal, do verbalize everything. Describe everything that is important to see. Avoid referring to items with "this" and "that".

3. Try to find a way for the person with a visual impairment to "touch" in place of "look at" things.

4. If the person who is blind appears to need assistance, offer your services. But do not help unless the individual says you can. Always ask before you act. Be sure to identify yourself and let the person who is blind know you are talking to him/her.

5. To guide a person who is blind, do not push or pull. Let the person take your arm and follow the motion of your body. Walk about one-half step ahead and identify steps, curbs, or other obstacles as you approach them. In places where it is too narrow for two abreast, let the person who is blind follow you - perhaps with a hand on your shoulder.

6. Speak directly to the person who is blind. If they are with someone else, do not use the third person as an interpreter. Do not shout or speak with more volumn than you normally use.

7. When a person who is blind is about to enter a car or climb stairs, guide his/her hand to the leading object - a handle or rail. Tell the person what it is and s/he will do the rest.

8. When guiding a person who is blind to a chair, simply guide the hand to the back of the arm of the chair.

9. Keep doors closed or wide open. A half open door is one of the most dangerous obstacles for persons who are blind to encounter. Also, tape down cords to A.V. equipment that cross over any classroom pathways.

10. It is helpful to physically orient, or familiarize a person who is visually impaired with key landmarks in a classroom. Ask the person if s/he would like such assistance and how you can provide it.

11. Persons who have visual impairments have various methods of note taking. Some will use tape recorders, some take notes in braille using a slate and stylus, others will use notetakers. (1982 Students with Disabilities: A Faculty Handbook, p. 8). Slates are made of metal or plastic frames or guides. A pointed steel punch with a handle called a stylus is used to punch the braille dots. (The College Student With a Disability: A Faculty Handbook, 1981 p. 5)

12. When possible, provide the person who is visually impaired with handouts, reading assignments, etc. in advance of the workshops. This will enable that person to become familiar with the content in whatever way is appropriate for him/her i.e. having someone read the materials to him/her, materials put on tape or transcribed into braille.

THE PERSON WHO HAS

Cerebral Palsy

FACTS ABOUT THE PERSON WHO HAS CEREBRAL PALSY

"Cerebral" means brain-centered. "Palsy" means paralysis. Cerebral palsy is a condition caused by damage to the brain that controls and coordinates muscular action. Most often it occurs before, during or immediately after birth. Chief among the causes is an insufficient amount of oxygen to the fetus or newborn infant.

In infants and young children, brain damage from an accident or child abuse can cause cerebral palsy. In adults, it can result from a severe head injury, stroke or anything that disturbs the normal flow of oxygen to the brain. Anything which can kill or damage brain tissue can cause cerebral palsy, i.e. skull fractures, infection, hemorrhage and anoxia.

There are three main types of cerebral palsy - spastic, athetoid and ataxic. Spastic movement can be described as stiff and difficult movement of hands, arms, legs, and feet. Athetoid movement can be described as a very energetic and uncontrolled movement of body extremities. Ataxic can be described as having a disturbed sense of balance and depth perception. There may be a mixture of these types for any one individual.

Cerebral palsy is characterized by an inability to fully control motor function. Depending on which part of the brain has been damaged and the degree of involvement of the central nervous system, one or more of the following may occur: spasms; involuntary movement; disturbance in gait and mobility; seizures; abnormal sensation and perception; impairment of sight, hearing or speech; and mental retardation. (Cerebral Palsy - Facts and Figures, November 1982)

Cerebral palsy is sometimes associated with brain damage, which limits learning. However, cerebral palsy usually co-exists with normal or superior intelligence. A person who has cerebral palsy may use some type of mobility aid such as a wheelchair, braces or crutches.

Some 700,000 persons in the United States are affected by cerebral palsy. About one-third are teenagers and young adults. Each year an estimated 10,000 babies are born with cerebral palsy or acquire it early in life. It is the most widespread lifetime disability in the nation. (United Cerebral Palsy Association of Sacramento, Yolo/Mother Lode, Inc., Fact Sheet)

DISPELLING THE MYTHS ABOUT THE PERSON WHO HAS CEREBRAL PALSY

MYTH:

All people with cerebral palsy are mentally retarded.

FACT:

Approximately 75% or more of persons with cerebral palsy are free of limitations in intelligence. The use of sophisticated communication devices by persons with cerebral palsy has made it possible for them to overcome physical limitations that may inhibit intellectual expression. Some persons with cerebral palsy have retardation to some degree, ranging from slow learning to a serious intellectual deficit.

MYTH:

Cerebral palsy is a disease and is contagious.

FACT:

Cerebral palsy is not a disease, hereditary or contagious. It is not restricted to children. It can happen to anyone.

MYTH:

Persons with cerebal palsy can control their movements if they just try.

FACT:

Cerebral palsy is a condition caused by damage to the area(s) of the brain that controls and coordinates muscular action. Therefore the person with cerebral palsy is not able to fully control motor function.

SUGGESTIONS FOR THE TRAINER:

1. If the person with cerebral palsy is in a wheelchair, or using crutches, make sure the classroom is easily accessible. If there are steps into the room be sure there is a ramp for the wheelchair user. If your classroom is up stairs, make sure there is an elevator to access that room. Be sure the aisles are clear of any obstacles such as cords and boxes. Tape down cords.

2. Do not be afraid to ask the person with cerebral palsy what you can do to help.

3. An effort should be made to understand his or her speech. Don't finish sentences. Be patient. It may take time for the person to say what s/he wants to tell you.

4. The person with cerebral palsy is fully aware of his/her speech difficulty and is doing his/her best. Let him/her know you are interested in what s/he is saying.

5. The person who cannot speak and is otherwise physically disabled so that they cannot sign, write, or type, may use various communication aids. These aids may range from sophisticated electronic "speaking" machines activated by punching a keyboard with a head pointer or mouth wand to a spelling board. A spelling board usually consists of a layout of the alphabet, a few common words and phrases, "yes" and "no", to which the person with the speech impairment points and an assistant may speak out loud. Some devices provide a "ticker tape" print out or display the message on a calculator-like screen across which the characters move. (The College Student With a Disability: A Faculty Handbook, 1981, p. 13)

6. If the person also has a visual or hearing impairment, then direct your information to this individual in the same manner you would for the person who is blind or deaf.

THE PERSON WHO IS

Deaf Or Hearing Impaired

FACTS ABOUT THE PERSON WHO IS DEAF OR HEARING IMPAIRED

Hearing loss is the most common physical disability in the United States. Total hearing loss is rare. The majority of persons who have hearing disorders are hard-of-hearing. Many can get at least some benefit from a hearing aid. A hearing aid makes speech louder and easier to hear but not necessarily clearer, so normal word understanding is rarely achieved. The person with a hearing loss, even with an aid, must often depend on lip-reading to understand much of what is said to him/her.

Hearing loss is sometimes referred to as a "hidden handicap" since it's not as obvious as most handicapping conditions. However, a hearing loss does interfere to a greater degree with learning and communication than, for example, visual problems do.

The major handicap facing a person with a hearing impairment is one of communication. Unable to benefit from voice communication, persons who are deaf rely upon their eyes for signals which represent ideas. The most commonly recognized method of communication is lip reading. The person who is deaf can, with enough training and concentration understand many spoken words by watching the lips and face of the speaker.

Another form of communication is done with the hands (manual). Here, thoughts are expressed by a combination of hand movements and positions. Manual communication (sign language) has many forms. Sign language dialects exist regionally within the U.S. and different spoken languages have different sign languages. Where no sign exists for a thought, the word can be spelled using the manual alphabet. Each letter is formed by the hand (finger-spelling).

Persons who are deaf also communicate with written language when lip reading and manual communication cannot be used effectively. Technology presently exists which allows standard telephones to be

used with small "typewriter-like" instruments (called TTY's) that transmit printed words onto a panel. Both telephone users must have this instrument in order to use the system.

When a person who can hear and a person who is deaf begin to communicate, sometimes they use pad and pen to understand each other. Because many people who are deaf speak, sometimes only the hearing person writes his/her thoughts.

Whichever form of communication is used--lip reading, manual communication (sign language and fingerspelling) or written language-- persons who are deaf can express themselves and be understood by hearing persons when both are willing to try. Communication is the important thing. (Beyond the Sound Barrier, 1978, p. 3)

DISPELLING THE MYTHS ABOUT THE DEAF OR HEARING IMPAIRED

MYTH:

All persons who are deaf lack the ability to speak.

FACT:

Many persons who are deaf speak, have normal physical vocal ability, and learn to use their voices in speech classes. But persons who are deaf cannot automatically control the tone and volume of their voices like people who have normal hearing because they cannot hear themselves speak. Even with years of training, individuals who are deaf may have speech which is difficult, at first, for the listener to understand. Most people can understand "deaf speech" once they become accustomed to it. Some persons who are deaf are shy about speaking in public because of the negative reactions they have received before. (Beyond The Sound Barrier, 1978, p. 5)

MYTH:

All hearing-impaired persons can read lips.

FACT:

Even a practiced deaf listener can only understand 30-40% of spoken sounds by watching the lips of a speaker. For example, words such as "bump" and "pump" look the same on the lips, but have totally different meanings. As with any other skill, the ability to read lips varies among individuals. Although the most accurate mode of communication with persons who are deaf is sign language, pencil and paper can sometimes be used as an alternative. Keep in mind that your body language and facial expressions say a lot too. (Beyond The Sound Barrier, 1978, p. 7)

MYTH:

Hearing aids totally correct hearing impairments.

FACT:

Hearing aids are assistive devices which improve hearing in some individuals. The aids do not correct hearing. A hearing aid may enable a person to hear someone's voice, even though they may not be able to understand distinct words.

The fact that someone is wearing a hearing aid does not necessarily indicate that the person can hear normally. A hearing aid merely lessens the degree of the severity of a hearing loss. (Beyond The Sound Barrier, 1978, p. 8)

MYTH:

People who are deaf lead totally different lives than other people.

FACT:

Most individuals who are deaf living at home occupy their time just like you. They go to work, marry and raise families, drive cars, use the phone, go shopping and pay taxes. Of course, individual differences exist. But chances are good that when you meet a person who is deaf, you will share several similar interests which you can explore together. (Beyond The Sound Barrier, 1978, p.9)

MYTH:

People who are deaf aren't very bright because they have not learned to talk or use proper grammar.

FACT:

Because the basic form of communication of the deaf community is sign language, many persons who are deaf have not mastered the grammatical fine points of their "second" language -- English. This certainly does not indicate a lack of intelligence. Most deaf individuals do learn English usage and do have speech training, but they may find it easier to communicate in their primary language. (Beyond The Sound Barrier, 1978, p. 6)

SUGGESTIONS FOR THE TRAINER

1. Since the person who is hearing impaired depends on vision (speechreading) to supplement what s/he misses auditorily:

    a. Try to avoid obscuring your face with hands, books, or lecture notes as you speak.

    b. Speak at a normal rate without exaggerated lip movement.

    c. Avoid standing with your back to a window. This throws a shadow your face, making it difficult to speechread.

    d. Do not turn your back to the class when you are speaking. Arrange to have someone record the main points or supporting information on chalkboard or charts while you speak to the group.

2. If possible, write down the major topic or topics of the discussion as they are presented. If the hearing impaired person knows the specific topic or emphasis of discussion, they can "key into" or follow the spoken information more easily. You may want to provide a copy of your notes.

3. Encourage the hearing impaired person to ask questions to clear up any confusions they might have about the discussion.

4. The hearing impaired person may have the help of an individual called an interpreter, one who interprets speech into sign language or one who interprets sign language into spoken word (reverse interpreting). Remember to speak directly to the person who is deaf – not to the interpreter.

5. Feel free to ask the hearing impaired person to what degree they can hear if you have any questions as to their communication ability.

6. If you are having trouble understanding the speech of a person who is deaf, feel free to ask him/her to repeat. If that doesn't work, then use paper and pen. Communicating is your goal. The method doesn't matter.

7. If you know any sign language, try using it. If the person who you are communicating with finds it a problem, the person will let you know. Usually your attempts will be appreciated and supported.

THE PERSON WITH

Epilepsy

FACTS ABOUT THE PERSON WITH EPILEPSY

Facts about Persons with Epilepsy:

Epilepsy is a physical condition that happens when there are sudden, brief changes in how the brain works. When brain cells are not working properly, a person's consciousness, movements or actions may be changed for a short time. Those physical changes are called epileptic seizures. Epilepsy is therefore sometimes called a seizure disorder. (Questions and Answers About Epilepsy, 1982, p. 1)

An estimated 4 million Americans have epilepsy, about three-fourths of whom develop it before the age of 21. Most epilepsy is mild. Of these, half have no seizures at all, and one-fourth have seizures occasionally. Some seizures are accompanied by a loss of consciousness for a short duration. Some seizures are milder -- a blanking out for a few seconds; sometimes it looks as though the person is daydreaming. Often the person knows when a seizure is about to occur.

There are a number of causes for epilepsy. Among the causes are unusual birth trauma, drug or alcohol abuse, fever, infections, diseases, brain tumors, abscesses, and congenital brain malformations. In the elderly, poor circulation in the brain is often a cause. A major cause of epilepsy is head injuries sustained from car accidents.

Epilepsy may be treated with drugs, surgery, or special diet. Of these treatments, drug therapy is the most common. Different medications control different types of seizures, and people who have more than one type of seizure may have to take more than one kind of drug.

Drugs do not cure epilepsy. For most people with epilepsy the drugs will prevent seizures so long as they are taken regularly. Most people with epilepsy must continue taking anti-epileptic medication for many years.

There are as many as 20 different seizure types. These seizures can be categorized into two major types -- convulsive or non-convulsive, depending on the part of the brain they affect.

*A convulsive seizure (also called grand mal or a generalized tonic clonic seizure by doctors) happens when the whole brain is suddenly swamped with extra electrical energy.

It often starts with a hoarse cry caused by air being suddenly forced out of the lungs. The person falls to the ground unconscious. The body stiffens briefly, and then begins jerking movements. Bladder or bowel control is sometimes lost. The tongue may be bitten. A frothy saliva may appear round the mouth, caused by air being forced through mouth fluids. Breathing may get very shallow and even stop for a few moments. Sometimes the skin turns a bluish color because the lower rate of breathing is supplying less oxygen than usual. The jerking movements then slow down, and the seizure ends naturally after a minute or two. After returning to consciousness the person may feel confused and sleepy. In some cases only a very short recovery period is required, and most people can go back to their normal activities after resting for a while.

Non-convulsive seizures may take the form of brief staring spells, or automatic behavior, or unusual movements of the body. Awareness is affected in the first two of these types; in the third the person is awake and aware, but cannot control body movements. A fourth type of non-convulsive seizure produces changes in the way the person who is having the seizure experiences the things around him/her. For a brief time, things may look, taste, smell, sound or feel different from what they really are.

*(Questions and Answers About Epilepsy, 1982, p. 8)

DISPELLING THE MYTHS ABOUT PERSONS WITH EPILEPSY

MYTH:

Epilepsy is contagious.

FACT:

Epilepsy is not contagious, and while it predominantly begins at an early age, it can occur in adulthood also.

MYTH:

A person with epilepsy is mentally retarded.

FACT:

The fact is that persons with epilepsy are of at least normal intelligence unless their seizures are caused by a brain injury which in itself impairs intelligence.

MYTH:

People with epilepsy are mentally ill.

FACT:

Epilepsy does not cause mental illness, and people with epilepsy are not more likely to become mentally ill than are other people. Sometimes people with epilepsy who experience sensory seizures (hallucinations of sight or sound) fear that they may be mentally ill and are usually relieved to hear that what is happening to them is merely the result of epileptic activity in the brain. Of course, some people with epilepsy do experience mental illness, just as do some people with kidney stones or heart conditions, but there is no clear relationship between the two conditions. (1982, Questions and Answers about Epilepsy, p. 12)

MYTH:

People with epilepsy cannot get a driver's license.

FACT:

People with epilepsy can get a driver's license if they can prove their seizures are under reliable control and that they are under a physician's care. Different states have different rules about how long a person must be seizure free before allowed to drive, but the average length of time is one year. (1982, Questions and Answers About Epilepsy, 1982, p. 13)

MYTH:

People with epilepsy should not work.

FACT:

Epilepsy varies a great deal in its impact on people's lives, and employment decisions should be based on the way epilepsy affects each individual. Some people have no seizures and, except for having to take medication, are no different from any other worker. Others may still have seizures, but can be valuable employees when placed in the right job. Others are affected more severely both by the disorder or by side effects of medication. Each person's abilities and/or limitations should be considered individually. (Questions and Answers About Epilepsy, 1982)

SUGGESTIONS FOR THE TRAINER:

The person with epilepsy will have little problem in the classroom. Following are some first aid suggestions for the person who has a seizure in class.

What to do when someone has a convulsive seizure.

1. Keep calm and reassure other people who may be nearby.

2. Clear the area around the person of anything hard or sharp.

3. Loosen ties or anything around the neck that may make breathing difficult.

4. Put something flat and soft, like a folded jacket, under the head.

5. Turn him/her gently onto his/her side. This will help keep the airway clear. Do not try to force his/her mouth open with any hard implement or with fingers. It is not true that a person having a seizure can swallow his tongue, and efforts to hold the tongue down can injure teeth or jaw.

6. Don't hold the person down or try to stop his/her movements.

7. Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.

8. Stay with the person until the seizure ends naturally.

9. Be friendly and reassuring as consciousness returns.

10. Offer to call a taxi, friend or relative to help the person get home if s/he seems confused or unable to get home by himself. (Questions and Answers About Epilepsy, 1982, p. 8)

What to do for someone who is having a non-convulsive seizure.

There is no need for any first aid if a person has brief periods of staring or shaking of limbs. If someone has the kind of non-convulsive seizure that involves a dazed state and automatic behavior, the best thing to do is:

1. Watch the person carefully and explain to others what is happening. Often people who don't recognize this kind of behavior as seizure will think that the dazed person is drunk or on drugs.

2. Speak quietly and calmly in a friendly way.

3. Guide the person gently away from danger, such as a steep flight of steps, a busy highway, or a hot stove. Don't grab hold, however, unless some immediate danger threatens. People having this kind of seizure are on "automatic pilot" so far as their movements are concerned, and instinct may make them struggle or lash out at the person who is trying to hold them.

4. Stay with the person until full consciousness returns, and offer help in returning home. (Questions and Answers About Epilepsy, 1982, p. 8)

THE PERSON WITH

Learning Disabilities

FACTS ABOUT PERSONS WITH LEARNING DISABILITIES

The person with learning disabilities has an invisible handicap. S/he does not appear to be physically different from the able-bodied person, for example, s/he does not have discernible difficulty with walking, talking, hearing, or seeing. Yet, the person with learning disabilities has a debilitating and life-altering handicap that is just as real as a visual impairment or a hearing loss.

Persons with learning disabilities may have difficulty in receiving information through printed, visual, or aural media. Others may have difficulty in expressing ideas or information through printing, or cursive writing or speech. Some persons with learning disabilities may have poor memory; some can remember what they read, but not what they hear. Others remember only what they hear, but not what they read. Some persons with learning disabilities have difficulties with sequential memory, which can result in problems in spelling and mathematics.

Some persons with learning disabilities have difficulties discriminating between right and left or up and down. They may have problems with physical orientation and become easily lost unless they have well-defined landmarks to guide them. Others have problems with coordination and dexterity.

There are various combinations of problems related to the disability, and often a severe level of frustration results from the discrepancy between intellectual level and performance level.

Each person with learning disabilities will exhibit his/her own unique cluster of symptoms. The person with learning disabilities has usually developed a highly personal learning style that allows him/her to compensate for his/her weaknesses and rely on his/her strengths to maximize learning.

DISPELLING THE MYTHS ABOUT PERSONS WITH LEARNING DISABILITIES

MYTH:

Persons who are learning disabled are just not very smart.

FACT:

Learning disabilities are due to an impairment in the neurological functions of the central nervous system. They are not due to cultural, emotional, economic, environmental, visual or auditory factors or intellectual defects.

MYTH:

Persons with learning disabilities can't read.

FACT:

Some persons with learning disabilities may have never developed the ability to read although this appears to only be a small percentage -- 7-10% of the population.

MYTH:

Persons with learning disabilities can learn if they really want to.

FACT:

Learning disabilities are a real problem. Persons with learning disabilities must often experience a variety of teaching/learning situations to master concepts.

SUGGESTIONS FOR THE TRAINER:

1. Remember that a learning disability is sometimes referred to as a "hidden handicap", since it is not obvious as most other disabilities. The trainer must be sensitive to the fact that anyone in the audience could have a learning disability.

2. Some persons with learning disabilities have difficulty processing the printed word while others may have difficulty processing what they hear. Therefore, it is important for the trainer to provide both printed materials as well as auditory information.

3. Remember that some persons with learning disabilities may be unable to express themselves in print or cursive writing. Provide printed material whenever possible so the participants will not have to take notes.

4. When asking participants to fill out information forms or evaluation forms that may be visually confusing or "busy", make sure you give thorough verbal directions accompanied by a visual demonstration.

5. Be patient and be as helpful as you can.

THE PERSON WHO HAS

Mental Retardation

FACTS ABOUT THE PERSON WHO HAS MENTAL RETARDATION

There are over 6,500,000 people who are mentally retarded in the United States, approximately 3% of the U.S. population. Persons with mental retardation differ in many ways, including degree of retardation. In fact, approximately 90% of all retardation is considered mild. The range of retardation goes from mild to moderate, to severe, and finally to profound. These terms refer to different levels of I.Q. and adaptive behavior, and to different abilities to learn. You may know someone who is mentally retarded and you may not even know it. Most people will know someone or will have a close family member who has mental retardation. Of all people who are disabled, persons with mental retardation will face some of the most severe attitudinal barriers.

There are a number of factors that can contribute to mental retardation. Some of these factors are hereditary characteristics transmitted through genes, inappropriate development during fertilization of the egg or the embryonic or fetal stages. Also, injuries during the birth process, as well as, serious illness, accidents, or environmental conditions occuring in infancy or childhood can result in some form of mental retardation.

Some persons who are mentally retarded have other disabilities. These other disabilities result from damage to the central nervous system, which is the control center for all of the body's functions. The other disabilities will vary, depending upon the type of mental retardation and its cause.

Persons who are mentally retarded have a slower overall rate of learning. Even though the rate of learning in persons who are mentally retarded is slower, they are capable of learning a great deal at their own pace.

DISPELLING THE MYTHS ABOUT PERSONS WITH MENTAL RETARDATION

MYTH:

Mental retardation cannot be prevented.

FACT:

There are over 200 causes of mental retardation. Social, environmental, medical and cultural deprivation account for most retardation, and these causes can be prevented. With early detection and screening, family education, and good medical care, much mental retardation can be stopped or prevented. (Dignity, 1977, p. 6)

MYTH:

People who are mentally retarded are also mentally ill.

FACT:

Mental retardation is frequently confused with mental illness. Mental retardation refers to a delayed, and sometimes limited, development in learning. At some points in their lives, some people with mental retardation may have experienced social and/or emotional problems. There are no more persons with mental retardation who have mental illness than any other group in our society. (Dignity, 1977, p. 10)

MYTH:

People who are mentally retarded cannot be educated or trained to become useful citizens. They remain children forever.

FACT:

All people with mental retardation can be educated and trained. People who are mentally retarded can live within the community in a variety of noninstitutional settings. The majority of persons with mental retardation can, with adequate education and training, hold competitive jobs. Those people who don't work within the job market need the opportunity to develop to their fullest potential as citizens.

SUGGESTIONS FOR THE TRAINER:

1. When talking with someone who is mentally retarded, keep your concepts clear and concise. Use fewer complex sentences. It is inappropriate to change the inflection or tone of your voice. Don't talk down to someone with mental retardation. The quality of your conversation won't change by making your points clear and easy to understand.

2. It's OK to offer help (e.g., reading materials, explaining directions), but wait until your offer is accepted before doing anything. You may think someone needs help doing something, but they may prefer to do it themselves. Ask first.

3. Don't assume that a person with mental retardation is sick. Mental retardation is not an illness. It is not contagious, and does not cause health problems.

4. In some cases a person with mental retardation may seem to react to situations in an unconventional manner or may appear to be ignoring you. Remember that a lack of response or a slow response doesn't necessarily mean the person is being rude to you. A person who has mental retardation may simply be slower to respond.

5. Interact with the person with mental retardation as a person, first. Talk to adults with mental retardation as adults, not as if they were children. Citizens with mental retardation deserve the same respect and dignity as all other people.

6. Be patient and polite.

7. If a person who has mental retardation has another disability be sure to arrange the classroom or direct information to this individual in the same manner you would for the person who has a similar disability.

THE PERSON WHO

Uses A Wheelchair

FACTS ABOUT THE PERSON WHO USES A WHEELCHAIR

There are approximately 500,000 Americans who are wheelchair users. Wheelchairs provide mobility for persons with paralysis, muscle weakness, lack of coordination, nerve damage, and/or stiff joints. People use wheelchairs as a result of a variety of disabilities, including spinal cord injury; multiple sclerosis, muscular dystrophy, arthritis, cerebral palsy and polio. (Free Wheeling, 1978, p. 2)

Wheelchairs come in many sizes and shapes which are adapted to the physical characteristics and lifestyles of the user. They range from custom-designed models for sports activities to basic utility models for use in hospitals and airports. Some chairs are pushed by hand and some are motorized (Free Wheeling, 1978, p. 2)

Architectural barriers are a persistent problem for all wheelchair-users. Doors and corridors often are too narrow; tables and desks often are too low; steps and curbs abound. For those who do not drive, transportation may be difficult to arrange.

Persons who use wheelchairs usually do so for any of several permanent or temporary conditions. More or less permanent impairments include paraplegia (paralysis of the lower portion of the body; both legs) and quadriplegia (paralysis- of the upper and lower portions of the body, involving all four limbs). These disabilities may result from congenital or acquired conditions.

The quadriplegic individual may need more assistance depending on the amount of use s/he has in his/her hands and arms. Some may need in-classroom note-takers or use a tape recorder. Hand and arm use are extremely varied among people who have quadriplegic conditions and individual attention must be given to each person to determine the needs and amount of assistance s/he will need.

DISPELLING MYTHS ABOUT THE PERSON WHO USES A WHEELCHAIR

MYTH:

All wheelchair users are paralyzed, and are "confined" to their wheelchairs.

FACT:

Not all wheelchair riders are paralyzed. Many wheelchair users can walk with the aid of canes, braces, crutches, and/or walkers. But it is easier for them to use a wheelchair--their ability and speed of movement is increased. Their wheelchair use does not mean they are faking a disability. People who use wheelchairs often transfer to cars and furniture. They are not "confined" to their wheelchairs. (Free Wheeling, 1978, p. 6)

MYTH:

Wheelchair riders are sick.

FACT:

Use of a wheelchair does not automatically imply illness. Persons with different disabilities are wheelchair riders, many of whom have no accompanying health problems. One can come to use a wheelchair from an injury to the spinal cord, the effect of polio, or differences in bone structure at birth, as well as from a variety of diseases. But these conditions are absolutely not contagious. You can't "catch" a disability. (Free Wheeling, 1978, p. 8)

MYTH:

Wheelchair use is a tragedy.

FACT:

Wheelchair users do not lead lives of unhappiness and despair because they don't walk. Because of all the architectural barriers still existing (steps, narrow doors, etc.) wheelchair use is sometimes an inconvenience. For the most part, a wheelchair offers someone freedom. A wheelchair doesn't change someone's personality or necessarily change a lifestyle. Wheelchair users are employed as mechanics, race car drivers and farmers, as well as office workers. They are not, as a rule, saddened or preoccupied with the desire to walk. (Free Wheeling, 1978, p. 4)

SUGGESTIONS FOR THE TRAINER:

1. Communicate with the person who is a wheelchair user to determine if s/he has special needs and to what extent these can be accommodated.

2. Consider accessibility to the building, classroom, or building restroom.

3. When talking to the person who uses a wheelchair, if the conversation continues for more than a few minutes, sit down, kneel or squat if convenient. (The College Student with a Disability: A Faculty Handbook, 1981, p. 11)

4. Feel free to ask the person in the wheelchair if s/he would like some assistance. Individuals would prefer to complete what they can for themselves. Do not insist. Accept a "no, thank you" graciously.

5. Don't be sensitive about using words like "walking" or "running". People in wheelchairs use the same words.

6. Don't be afraid to ask the individual questions pertaining to his/her disability.

7. Don't be surprised if a disabled person transfers from a wheelchair to a car or a chair. Few are "confined" to their chairs.

8. If breaks are short (10 minutes or less), the person who uses a wheelchair may be a few minutes late. Usually s/he may need to wait for an elevator, maneuver along crowded paths and corridors, or take a longer route that is more maneuverable. (The College Student with a Disability: A Faculty Handbook, 1981, p. 10)

9. A wheelchair is part of the person's body space. Don't automatically hang or lean on the chair -- it's similar to hanging or leaning on the person.

10. Because a person sitting in a wheelchair is about as tall as most children, and because a pat on the head is often used to express affection toward children, many people are inclined to reach out and pat the person in a wheelchair on the head. Such a gesture is very demeaning and patronizing. (The College Student with a Disability: A Faculty Handbook, 1981, p. 11)

11. Wheelchair manipulation:

    Persons who use wheelchairs are generally not in dire need of a push. In fact, for most short distance travel, the person in the chair is probably the one who is most appropriate to push the chair. Therefore, you should never just assume that the person in the wheelchair needs to be pushed. It is far better to ask him/her if s/he would like some assistance.

    When you do push people in their wheelchairs, try to keep a few rules in mind.

    - Always back down curbs. If you go down a curb front wheels first, you will probably dump the person out of the chair.

    - Use the tippers to get over any barriers, such as curbs, etc.

    - Watch out for subtle bumps. A raised crack in the sidewalk could jolt the person out of his chair. Use the tippers for such bumps.

    - Do not attempt stairs.

- Avoid pushing the person across grass or pitted surfaces whenever possible.

- It is wise to back down exceptionally steep ramps.

- When going through a door that swings away from you, turn the person around and back through the door, pushing it open with your back. A door that opens toward you is more difficult. Ask for assistance if possible. If not, open the door and hold it open with your foot as you push the person through the doorway.

- Always be acutely aware of the person's comfort. Take it slowly and as smoothly as possible.

Appendix A

Appendix A

Bibliography

Jan Dushkes and Ramona Knowles, Students with Disabilities: A Faculty Handbook: San Francisco State University, 1982.

The College Student with a Disability: A Faculty Handbook, U.S. Government Printing Office, 1981.

Epilepsy Foundation of America, Questions and Answers about Epilepsy, Maryland, 1982.

United Cerebral Palsy Association, Inc. Cerebral Palsy - Facts and Figures, New York, November, 1982.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, SENSE ABILITY, Washington, D.C., 1979.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, Free Wheeling, Washington, D.C., 1977.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, DIGNITY, Washington, D.C., 1977.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, Beyond The Sound Barrier, Washington, D.C., 1978.

Appendix B

Appendix B

References

Alta California Regional Center, Consumer Guide, A Program For the Developmentally Disabled, no date.

Office of Personnel Management, Handbook of Selective Placement of Persons with Physical and Mental Handicaps in Federal Civil Service Employment, Washington, D.C., 1979.

Regional Rehabilitation Research Institute, Barrier Awareness: Attitudes Toward People with Disabilities, Washington, D.C., 1981.